

# Assessing Bilingual Staff Competency Tool

Health centers must have interpretation and translation services to follow the rules of section [1557 of the Affordable Care Act](#). This law says health centers must take steps to serve people with Limited English Proficiency, like using a qualified interpreter. Bilingual staff are valuable assets when serving patients with language access needs, but health centers need to properly assess the language competency and qualifications of their staff.

This tool provides steps with tips and guidance for assessing the bilingual competency of health center staff to minimize language barriers in healthcare settings.



## Steps for Assessing Competency:

### Step 1. Evaluate the process in place.

- What assessment is being used to assess competency, if any? How is it being used?
- Does it accurately assess the skill set of the staff members based on their role in providing language access services?
- Who are the staff currently involved in administering these assessments?
- What needs to be revised to improve the process to fit current needs?

Resource available for Step 1:

[NCFH's Implementing a Language Access Program](#)

## Step 2. Identify proficiency levels that your health center staff needs to provide based on the language needs of your patient populations.

To do so, you should:

- Assess patient language needs. Identify the languages spoken and the type of support needed through patient needs assessments, chart reviews, staff interviews/surveys, and screening for language barriers.
- Track the number of patients that need language access support and at what points during the clinical visit.
- Track the number of bilingual staff and their role in providing language access support.
- Define the levels of language proficiency to assign staff based on their skill set:
  - **Basic Level:** Staff can help with simple interpretation for scheduling appointments and talking on the phone after visits.
  - **Independent level:** Staff can do more, like explain health information and help patients understand the healthcare system better.
  - **Proficient Level:** Staff can interpret during clinical visits with providers and make sure the patient understands important medical information.

Resource available for Step 2:

[NCFH's Language Access Services Assessment and Planning Tool](#)



## Step 3. Establish baseline criteria for each language proficiency level.

The main areas to be assessed for proficiency include:

Speaking Skills	Listening skills	Writing skills	Reading skills
<ul style="list-style-type: none"> <li>• <b>Basic:</b> Able to greet and use basic phrases/expressions with patients in the target language.</li> <li>• <b>Independent:</b> Able to gather medical histories and do patient assessments in the target language.</li> <li>• <b>Proficient:</b> Able to have detailed medical discussions, provide clear instructions, and/or summarize health education in the target language.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Basic:</b> Able to understand and listen to patient questions and concerns in the target language when the other person talks slowly and clearly.</li> <li>• <b>Independent:</b> Able to understand and gather information/ medical histories correctly.</li> <li>• <b>Proficient:</b> Able to understand medical discussions, questions related to medications, and/or health education in the target language.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Basic:</b> Able to document patient demographic and contact information in the target language.</li> <li>• <b>Independent:</b> Able to write clear and accurate medical notes, reports, and health background entries.</li> <li>• <b>Proficient:</b> Able to create and translate written health education materials that patients can relate to culturally and linguistically.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Basic:</b> Able to read medical records and documentation in the target language.</li> <li>• <b>Independent:</b> Able to review and interpret health education material in the target language.</li> <li>• <b>Proficient:</b> Able to apply teach back method when providing health education and instructions.</li> </ul>

<b>Medical Terminology</b> <i>(for Independent to Proficient user levels)</i>	<b>Medical Interpretation</b> <i>(for Pharmacists &amp; Medical Providers or Certified Medical Interpreters (CMI) specifically)</i>
<ul style="list-style-type: none"> <li>• Demonstrates a strong understanding of medical terminology in the target language.</li> <li>• Able to accurately translate and explain medical terms for procedures or health conditions to patients.</li> <li>• Proficient in using medical terminology in documentation and communication.</li> </ul>	<ul style="list-style-type: none"> <li>• Able to provide accurate interpretation during medical consultations.</li> <li>• Clearly understands medical terminology in the target language.</li> <li>• Experience with medical terminology in target language.</li> </ul>

The following resources available for Step 3 include sample assessments and language proficiency tests that may be used to assess health staff proficiency levels:

- [Guidelines for Use of Medical Interpreter Services \(aamc.org\)](https://www.aamc.org/actfl)
- [ACTFL Assessments](#)
- [Language Proficiency | Language Line Solutions](#)
- [Global scale - Table 1 \(CEFR 3.3\): Common Reference levels - Common European Framework of Reference for Languages \(CEFR\) \(coe.int\)](#)

## Step 4. Identify current and potential bilingual staff that can offer language access support and conduct assessment based on their proficiency levels.

Ways to test proficiency levels:

- **Guided oral assessments** through role plays where the staff member leads a mock patient scenario in patient preferred language.
- **Conduct written assessments** by using case studies where the staff member must interpret the study and take notes of their interpretation in the written form.
- **Use verbal assessments** by having staff member read and interpret a specific document or educational material that they would typically use with a patient.



It is not only important, but there are many benefits to having certified medical interpreters available at your health center. Certification benefits the medical interpreters themselves, the health care centers, both patients and providers, as well as the government sector. For specific benefits of each, you may visit [The National Board of Certification for Medical Interpreters](#).

For advanced proficiency and staff needing to provide medical interpretation between providers and patients, medical terminology and/or interpretation can be assessed:

- Orally by providing different medical terms to staff member in English and having them translate to the target language, like Spanish.
- Provide staff members with a list of medical terminology and have them either verbally or in written form, explain to you how they would help a patient understand its meaning.

Resources available for Step 4:

NCFH's [List of English Greeting Words & Phrases for Monolingual Front Office Staff](#)

NCFH's [Competency Checklist for Bilingual Staff Interpreting Clinical Encounter](#)

## Step 5. Designate staff based on their role and proficiency levels to provide language access support.

Develop a plan to inform other staff members of their capacity and ways they can be of support. Be sure to include the staff member's level of proficiency, how their support can be used, when they can help during the patient visit, and ways to document the language access support given to the patient.

### Additional Competency Assessment Resources:

- [Interagency Language Roundtable: Self-Assessment tool for speaking, reading, and listening](#)
- [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#)
- [The Guide to Providing Effective Communication and Language Assistance Services](#)



As you move forward in implementing your own competency assessments, remember to evaluate and modify them on an ongoing basis to meet the evolving needs of your health center and patient populations. This will improve the overall quality of patient-centered care and services for better health outcomes.